




Millville Police Department

18 South High Street, Millville, NJ 08332
Phone: 856-825-7010 Fax: 856-825-2899 Mun. Code: 0610
Supplemental Investigation Report



Incident Details:											
Case Number 18-04900C	Time Reported	Date Reported 11/19/18	Time Occurred	Date Occurred	Occurrence Between Date / Time of	Time Occurred	Date Occurred	911	Complete X		
Incident Type:			Incident Location:								
Follow up			Street # 612		Street Name West Main Street		Intersection / Cross Street of:				
			Business / Common Location Name Clark's Liquor								
Contact Information: Victim Suspect Complainant Witness Driver Arrest Patient Missing Location Other											
Code O	Contact Name #1 Capps, Audra	MI MI	Suffix Suffix	Age 51	Sex F	Race	DOB [REDACTED]/1967	SSN [REDACTED]-4132			
Address [REDACTED], Greenwich, NJ 08323-2408						Home Phone		Cell Phone			
Code	Contact Name #2	MI	Suffix	Age	Sex	Race	DOB	SSN			
Address						Home Phone		Cell Phone			
Code	Contact Name #3	MI	Suffix	Age	Sex	Race	DOB	SSN			
Address						Home Phone		Cell Phone			
Code	Contact Name #4	MI	Suffix	Age	Sex	Race	DOB	SSN			
Address						Home Phone		Cell Phone			
Property Information:											
Value of Stolen Property		Currency	Jewelry	Furs	Clothing	Auto	Misc.	Total			
Value of Stolen Property Recovered											
Automobile Information:											
1	Vehicle Code	Year	Make	Body Type	Color	Registration	State	VIN			
2											
3											
4											
Narrative:											
<p>Narrative</p> <p>Case Disposed on 11/19/18 S-2018-342 Audra Capps Guilty Plea Charge 2C: 29-2A(1) Resisting Arrest & Ticket # 215581 Audra Capps Guilty Plea Charge 39: 4-50 DWI & Ticket #'s 214073, 214074, 215582 & 215583 ALL Dismissed as per Merger, Case Closed.</p> <p>Evidence NO longer needed: (BEAST SYSTEM: Items 1-3), Case Closed.</p>											
Officer of Record:		Date:	Other Reports Filed:				Reviewed By:				
S.O. Paul Deckert 616		11/19/18	MVA SHA	Arrest Prop.	DV Evdn	DWI UOF	X DWIQ Prst	Tow Supp	X SD Juv	CI Bias	TRO Pris
91											

 MILLVILLE POLICE DEPT. DRINKING - DRIVING REPORT		(1) DEFENDANT First Name Initial Last Name Audra Capps						CASE NUMBER 18-04900 SEQUENTIAL FILE NUMBER 01289
		(2) Age 50	(3) Sex F	(4) Weight 90	(5) Eye Color BRO	(6) Race 1B		
(7) Street Address [REDACTED]		(8) City and State Greenwich, NJ 08323-2408		(9) Summons No. (Drinking Driving/Allowing ONLY) 215581				
(10) Driver's License Number and State [REDACTED] NJ		CDL <input type="checkbox"/>	(11) Day of Week 1	Violation Date 2/25/2018	Military Time 20:22			
(12) Year / Color / Make of Vehicle Used 03 GRAP JEE			(13) License Number and State [REDACTED] NJ					
(14) Vehicle Code CODES: NON-CDL VEHICLES: (1) Pass. Car/SW. (2) Pass. Car w/Trailer. (3) Recreation Veh. (4) Taxi/Limo. (5) Emergency Veh., (6) Motorcycle, (7) Moped, (8) Pickup, (9) Van/Step Van. (10) Truck, (11) Trk. Combo (12) Other CDL VEHICLES: TRUCK COMBO: (20) 8'x48'. (21) 8 1/2'x48'. (22) 8'x48'+ (23) 8 1/2' x 53'. (24) Dbl. Bottom, (25) Truck, (26) Bus, (27) School Bus, (28) Limousine, (29) Other								
(15) Name of Vehicle Owner Capps, Audra				(16) Address of Owner [REDACTED], Greenwich, NJ 08323-2408				
(17) Municipality of Violation Millville	Code No. 0610	(18) Roadway or Location West Main Street			(19) County Cumberland			
(20) Arrested By - Badge Number - Station P.O. Joseph Dixon 172				(21) Tested By - Badge Number - Station P.O. Joseph Dixon 172				

<p>(22) <u>ACCIDENT INVOLVED</u></p> <p><input checked="" type="checkbox"/> 1 NONE <input type="checkbox"/> 2 PEDESTRIAN <input type="checkbox"/> 3 FATAL <input type="checkbox"/> 4 INJURY <input type="checkbox"/> 5 1 VEHICLE <input type="checkbox"/> 6 2 VEHICLES OR MORE <input type="checkbox"/> 7 OTHER (Explain)</p>	<p>(23) <u>EXAMINATION</u></p> <p><input type="checkbox"/> 1 CHEM. BREATH TEST <input type="checkbox"/> 2 BREATH TEST REFUSED <input type="checkbox"/> 3 OBSERVATION <input type="checkbox"/> 4 DOCTOR'S EXAMINATION <input type="checkbox"/> 5 BLOOD TEST <input type="checkbox"/> 6 NARCOTICS, HABIT PRODUCING DRUGS OR HALLUCINOGENIC</p> <p>LABORATORY <input type="checkbox"/> Yes <input type="checkbox"/> No Report No. _____</p>	<p>(24) <u>SUMMONS ISSUED FOR</u></p> <p><input checked="" type="checkbox"/> 1 39:4-50 INFLUENCE <input type="checkbox"/> 2 39:3-10.13 CDL <input type="checkbox"/> 3 39:4-14.1 BICYCLE/39:4-14.3G MOPED <input type="checkbox"/> 4 ALLOWING _____ TO OPERATE <input type="checkbox"/> 5 BLOOD ALCOHOL RESULTS _____ % <input checked="" type="checkbox"/> 6 SUMMONS NUMBER (39:4-50.2 Refusal) 215583 <input type="checkbox"/> 7 SUMMONS NUMBER (39:3-10.24 Refusal) <input type="checkbox"/> 8 SUMMONS NUMBER (39:3-14/14g Refusal)</p>
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OBSERVATIONS WERE:

<p>(25) <u>ABILITY TO WALK</u></p> <p><input type="checkbox"/> UNABLE TO FALLING <input type="checkbox"/> ON HANDS & KNEES <input type="checkbox"/> MOVED IN CIRCLES</p>	<p><input checked="" type="checkbox"/> SWAYING <input checked="" type="checkbox"/> SAGGING</p>	<p><input type="checkbox"/> GRASPING FOR SUPPORT <input type="checkbox"/> STAGGERING</p>
<p>(26) <u>ABILITY TO STAND</u></p> <p><input checked="" type="checkbox"/> SWAYING <input type="checkbox"/> RIGID</p>	<p><input type="checkbox"/> UNABLE TO STAND <input checked="" type="checkbox"/> SAGGING KNEES</p>	<p><input type="checkbox"/> CONTINUAL LEANING FOR BALANCE <input type="checkbox"/> FEET WIDE APART FOR BALANCE</p>
<p>(27) <u>SPEECH</u></p> <p><input type="checkbox"/> SHOUTING <input type="checkbox"/> RAMBLING</p>	<p><input type="checkbox"/> SLOBBERING <input type="checkbox"/> INCOHERANT</p>	<p><input type="checkbox"/> BOISTEROUS <input type="checkbox"/> WHISPERING</p>
<p><input checked="" type="checkbox"/> SLURRED <input type="checkbox"/> HOARSE</p>	<p><input type="checkbox"/> WHINING <input type="checkbox"/> CRYING</p>	<p><input checked="" type="checkbox"/> STUTTERING <input type="checkbox"/> ACCENT <input type="checkbox"/> SLOW</p>
<p>(28) <u>DEMEANOR</u></p> <p><input checked="" type="checkbox"/> FIGHTING <input checked="" type="checkbox"/> EXCITED</p>	<p><input type="checkbox"/> INDIFFERENT <input type="checkbox"/> HILARIOUS</p>	<p><input checked="" type="checkbox"/> ANTAGONISTIC <input type="checkbox"/> COOPERATIVE</p>
<p><input type="checkbox"/> POLITE <input type="checkbox"/> CALM</p>	<p><input type="checkbox"/> SLEEPY <input type="checkbox"/> CRYING</p>	
<p>(29) <u>ACTIONS</u></p> <p><input type="checkbox"/> PUNCHING <input type="checkbox"/> KICKING</p>	<p><input checked="" type="checkbox"/> RESISTING <input type="checkbox"/> PROFANITY</p>	<p><input type="checkbox"/> THUMBING NOSE <input type="checkbox"/> THREATENING</p>
<p><input type="checkbox"/> DIFFICULTY TO AWAKEN</p>		
<p>(30) <u>EYES</u></p> <p><input checked="" type="checkbox"/> BLOODSHOT <input type="checkbox"/> GLASS EYE</p>	<p><input type="checkbox"/> WATEREY <input type="checkbox"/> RIGHT</p>	<p><input checked="" type="checkbox"/> DROOPY LIDS <input type="checkbox"/> LEFT</p>
<p><input type="checkbox"/> WEARING GLASSES <input type="checkbox"/> NOT WEARING GLASSES</p>		
<p>(31) <u>CLOTHING</u></p> <p><input type="checkbox"/> MUSSED <input type="checkbox"/> DIRTY</p>	<p><input type="checkbox"/> PARTLY DRESSED <input type="checkbox"/> VOMITED ON</p>	<p><input type="checkbox"/> DEFECATED IN SAME <input type="checkbox"/> URINATED IN SAME</p>
<p>(32) <u>MOVEMENT OF HANDS</u></p> <p><input checked="" type="checkbox"/> FUMBLING <input type="checkbox"/> SLOW</p>		
<p>(33) <u>FACE</u></p> <p><input checked="" type="checkbox"/> FLUSHED <input type="checkbox"/> PALE</p>	<p>(34) <u>ODOR OF ALCOHOLIC BEVERAGE ON BREATH</u></p> <p><input type="checkbox"/> NONE <input checked="" type="checkbox"/> YES</p>	

(35) REMARKS: (If needed, To clarify Observations)

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Phone: 856-825-7010 Fax: 856-825-2899 Mun. Code: 0610

DWI Questionnaire

Defendant (Lastname, Firstname)		MI	Case Number	Sequential File No.
Capps, Audra			18-04900	01289
No Cell Phone or Portable Electronic Device in Area <input checked="" type="checkbox"/>		Start Time of Face to face Observation		
		02/25/18 20:38		
The Following questions were asked:				
On 02/25/18 at 20:38 20 minutes minimum face to face observation completed <input checked="" type="checkbox"/>				
Are you Sick? If Yes, Explain:			Occupation	
*****			N/A	
Are you under the care of a Doctor? If so, provide name & address			Last Visit	
*****			Date: Time:	
Are you taking Medicine? If so, What and What for?			Last Dose?	
*****			Date: Time:	
Do you have Diabetes?		Are you taking Insulin?		Last Dose?
*****		*****		Date: Time:
Are you Injured?	Where?			
*****	*****			
Are your injuries Affecting you now? If so, What and How?				

Note any Physical Injuries or Deformities observed:				

Advise Subject of Miranda Warning:				
What kind of Alcoholic Drinks have you had?			How Many?	

Where?			Time between each drink?	

When did you have your first drink?		When did you have your last drink?		
Date:	Time:	Date:	Time:	
What time did you finish eating?		What did you eat?		

Remarks:				
Subject refused to answer questions				
Officer:		Copy given to subject	Reviewed by	
P.O. Joseph Dixon 172		On	102	

Case Number: 18-04900

**N.J. ATTORNEY GENERAL'S STANDARD STATEMENT
FOR MOTOR VEHICLE OPERATORS (N.J.S.A. 39:4-50.2(e))
(revised & effective July 1, 2012)**

Enter Defendant's Name Capps, Audra

The police officer shall read the following:

1. You have been arrested for driving while intoxicated. N.J.S.A. 39:4-50.
2. The law requires you to submit samples of your breath for the purpose of testing to determine alcohol content.
3. A record of the taking of the breath samples, including the test results, will be made. Upon your request, a copy of that record will be made available to you.
4. After you have provided samples of your breath for testing, you have the right, at your own expense, to have a person or physician of your own selection take independent samples of your breath, blood or urine for independent testing.
5. If you refuse to provide samples of your breath, you will be issued a separate summons for the refusal. A court may find you guilty of both refusal and driving while intoxicated.
6. If a court finds you guilty of the refusal, you will be subject to various penalties, including license revocation of up to 20 years, a fine of up to \$2000, installation of an ignition interlock, and referral to an Intoxicated Driver Resource Center. These penalties may be in addition to penalties imposed by the court for any other offense of which you are found guilty.
7. You have no legal right to have an attorney, physician or anyone else present for the purpose of taking the breath samples. You have no legal right to refuse to give, or delay giving, samples of your breath.
8. Any response from you that is ambiguous or conditional, in any respect, to my request that you provide breath samples, will be treated as a refusal to submit to breath testing. Even if you agree to take the test, but then do not follow my instructions, do not properly perform the test, or do not provide sufficient breath samples, I will charge you with refusal to submit to breath testing.
9. I repeat, the law requires you to submit samples of your breath for testing. Will you submit the samples of your breath?

Answer No

If the arrested person does not respond, or gives any ambiguous or conditional answer short of an unequivocal "yes," the police officer shall read the following.

Your answer is not acceptable. The law requires that you submit samples of your breath for breath testing. If you do not answer, or answer with anything other than "yes," I will charge you with refusal. Now, I ask you again, will you submit to breath testing?

Answer No

POTENTIAL LIABILITY WARNING - N.J.S.A. 39:4-50.22 (Rev. 2-20-2004) FORM

Defendant Information		Case # 18-04900
Name: Last, First, M.I. Capps, Audra	DL# & State [REDACTED] NJ	Arresting Officer Information
Street Address [REDACTED]	Birth Date [REDACTED] 67	Name: Last, First, M.I. Rank P.O. Joseph Dixon 172
Town, State ZIP Greenwich, NJ 08323-2408	Arrest: Date & Time 02/25/18 20:22	Badge # 172
Violation(s) Charged: (Check appropriate boxes)		
<input checked="" type="checkbox"/> N.J.S.A. 39:4-50(a), DWI <input checked="" type="checkbox"/> N.J.S.A. 39:4-50.2, Refusal to submit to chemical breath testing		

You have been summoned by, or on behalf of, the person whose name appears above as "defendant," to transport or accompany the defendant from this law enforcement agency. The defendant has been arrested and charged with one or both of the motor vehicle violations checked in the box above. Pursuant to N.J.S.A. 39:4-50.22, this **WARNING** is to advise you that if you accept responsibility to transport or accompany the defendant, and you permit or facilitate the operation of a motor vehicle by the defendant while the defendant is intoxicated or has a blood alcohol concentration at, or above, that permitted by law (N.J.S.A. 39:4-50), then you are potentially subject to criminal penalties and civil liability.

Permitting a person who is intoxicated or who has a blood alcohol concentration at, or above, that permitted by law, to operate a motor vehicle is a violation of N.J.S.A. 39:4-50(a). If you are charged and convicted under that statute: your driving privilege will be suspended; fines and monetary penalties will be imposed; and you may be incarcerated. If you permit or facilitate the defendant to operate a motor vehicle while the defendant remains intoxicated or has a blood alcohol concentration at, or above, that permitted by law, and the defendant becomes involved in a motor vehicle collision where other persons are injured or killed, then you may be subject to indictment and criminal prosecution. If you are prosecuted and found guilty, the court can impose fines and mandatory penalties, and a prison sentence. In addition to any criminal liability, if you permit or facilitate the defendant to operate a motor vehicle while the defendant remains intoxicated or has a blood alcohol concentration at, or above, that permitted by law, and the defendant becomes involved in a motor vehicle collision where there is property damage, or personal injury or death, then you may be held liable for civil damages, and those damages may not be covered by insurance.

Person Acknowledging Receipt

Gibson, Douglas

Print Name

[REDACTED]

Street Address

Greenwich, NJ 08323

City & State

Law Enforcement Officer

P.O. Joseph Dixon 172

Print Name

Patrolman #172

Rank & Badge No.

02/25/18 22:00

Date & Time of Acknowledgment

ACKNOWLEDGMENT OF RECEIPT OF POTENTIAL LIABILITY WARNING

I, _____, have received this **POTENTIAL LIABILITY WARNING** from the Law Enforcement Officer whose name appears below.
Signature of Person Summoned

**REFUSAL TO ACKNOWLEDGE, IN WRITING,
RECEIPT OF POTENTIAL LIABILITY WARNING**

_____, was given a copy of this **POTENTIAL LIABILITY WARNING**, but refused to sign the acknowledgment of receipt.
Print Name of Person Summoned

Signature of Law Enforcement Officer

Date & Time of Refusal to Acknowledge